


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # A0200000972					
1. Entity Name ROSSI FAMILY LIMITED PARTNERSHIP					
Principal Place of Business P.O. BOX 1527 KEY WEST, FL 33041			Mailing Address P.O. BOX 1527 KEY WEST, FL 33041		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GUTTENMACHER, EDWARD P 2600 DOUGLAS RD., PENTHOUSE 8 CORAL GABLES, FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE <u>4/19/05</u>					
9. Capital Contributions as Shown on record. \$900,000.00		10. Amount of Capital Contributions in FLORIDA to date. 900,000.00			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P94000085085		STREET ADDRESS	U00000362108	
NAME	M & M ENTERPRISES OF THE FLORIDA KEYS, INC		CITY-ST-ZIP	05/05/05-60102-006 526.25	
STREET ADDRESS	P.O. BOX 1527				
CITY-ST-ZIP	KEY WEST, FL 33041				
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: _____ DATE <u>4/19/05</u> Daytime Phone # _____					



04222005 Chg-LP CR2E003 (10/03)

4. FEI Number 32-0022148 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

STAPLE CHECK HERE